
PUBLIC MASTURBATION

VLAD-IOAN CHIRILĂ

Babeş-Bolyai University, Faculty of Psychology and Educational Sciences, Cluj-Napoca, Romania

Abstract

Masturbation is defined as the act of sexual self-stimulation. Moreover, it also refers to exploring the body through personal sexual stimulation. Watson and McKee (2013) defined that personal exploration of sexual stimulation is a positive approach to sexuality. Coleman (2002) recognized masturbation as a healthy and natural way to achieve orgasm and an important aspect of healthy human sexual development. To understand the benefits of masturbation, we need to understand the benefits of orgasm.

Keywords: Public Masturbation, Paraphilia, Sexology.

INTRODUCTION

Achieving an orgasm has many benefits for physical and mental health, such as increased power of the immune system, low risk of prostate cancer due to the increased frequency of ejaculation (Leitzmann, Platz, Stampfer, Willet and Giovannucci, 2004) and decreased symptoms of stress (Charnetski & Brennan, 2001).

When an individual experiences high levels of stress, the body releases increased amounts of cortisol, thus weakening the body and immune system (Charnetski & Brennan, 2001).

In this weakened state of the body, there may be an increased risk for high blood pressure, heart disease, diabetes and stroke.

Involvement of masturbation as a means of achieving orgasm can help reduce stress levels (Delcea C., 2019). As the organs reach the point of orgasm, the release of oxytocin and endorphins occurs.

These chemicals create natural opioids that lower heart rate, blood pressure and reduce physical pain (Charnetski and Brennan, 2001).

THEORETICAL APPROACH

Masturbation is considered to be a normal behavior in certain conditions such as being performed indoors and abnormal when it is performed in public places (Popa T. & Delcea C., 2019).

As for the prevalence of public masturbation due to the lack of literature on this topic, this was difficult to establish, especially in young children and people diagnosed with autism spectrum disorder.

People that are diagnosed with this disorder are more likely to masturbate in public.

The majority of people gather information about sex and sexual education from social relationships and non-formal environments through interactions with friends or close friends. (Realmuto & Ruble, 1999).

Due to the lack of communication and the lack of social interactions, people diagnosed with autism spectrum disorder do not benefit from this "non-formal learning"; Another explanation for this behavior is due to the fact that these people, because of mental retardation, do not benefit from sex education

*Corresponding author: Mihail Kogălniceanu Street, no. 1, 400084, Cluj-Napoca, Romania; Tel: +40 264 4053; e-mail: vlad.i.chirila@gmail.com

courses in schools (where sex education is taught).

Therefore, because of the the significant lack of resources and access to sex education there is a high percentage of people with autism spectrum disorders that are at greater risk of engaging in inappropriate sexual behaviors.

These inappropriate sexual behaviors may include inappropriate touching of the body and removing clothing, both in public places.

Engaging in public masturbation, touching others, without consent, and persistence in sexual matters is very common for people that have been diagnosed with this kind of disorder. (Lawrie & Jillings, 2004; Ray, Marks & Bray - Garretson, 2004).

According to Dewinter et al. (2013) lack of education about sexual behaviors may increase the chances of an individual developing such behaviors (Dewinter, Vermeiren, Vanwesenbeeck, and Nieuwenhuizen, 2013).

Dufrene et al. (2005) states that masturbation is common in young children and can occur from the age of six months to about five years and reoccurring in puberty. Although masturbation in young children is common and relatively acceptable (Gagnon, 1985), public masturbation can be disturbing to parents, caretakers and teachers.

CONCLUSIONS

Therefore, the lack of education may be an important factor in the emergence of public masturbation, as we have observed in the case of persons diagnosed with autism spectrum disorder, as well as in the case of young children who have not yet managed to internalize the education received from their parents.

Funding Sources: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

RESOURCES

1. Burylo, K. O. Behavioral Skills Training: Treatment for Public Masturbation Among Individuals with Autism Spectrum Disorder (ASD). *Psychiatry*, 10, 282-289.
2. Dewinter, J., Vermeiren, R., Vanwesenbeeck, I., & Nieuwenhuizen, C. (2013). Autism and normative sexual development: A narrative review. *Journal of Clinical Nursing*, 22, 3467-3483.
3. Delcea C. (2019). Sexual deviances. *Int J Advanced Studies in Sexology*. Vol. 1, Issue 1, pp. 64-72. Sexology Institute of Romania.
4. Dufrene, B. A., Watson, T. S., & Weaver, A. (2005). Response blocking with guided compliance and reinforcement for a habilitative replacement behavior: Effects on public masturbation and on-task behavior. *Child & family behavior therapy*, 27(4), 73-84.
5. Eusei D., & Delcea C. (2019). Fetishistic disorder. *Int J Advanced Studies in Sexology*. Vol. 1, Issue 1, pp. 22-30. Sexology Institute of Romania.
6. Friedrich, W.N., Grambsch, P., Broughton, D., Kuiper, J., & Beilke, R.L. (1991). Normative sexual behavior in Children. *Pediatrics*, 88, 456-464.
7. Gagnon, J.H. (1985). Attitudes and responses of parents to pre-adolescent masturbation. *Archives of Sexual Behavior*, 14, 451-466.
8. Lawrie, B. & Jillings, C. (2004). Assessing and addressing inappropriate sexual behavior in brain-injured clients, *Rehabilitation Nursing*, 29(1), 9-13.
9. Popa T., & Delcea C. (2019). Voyeurism and Scopophilia. *Int J Advanced Studies in Sexology*. Vol. 1, Issue 1, pp. 43-51. Sexology Institute of Romania.
10. Ray, F., Marks, C. & Bray-Garretson, H. (2004). Challenges to treating adolescents with Asperger's syndrome who are sexually abusive. *Sexual Addiction and Compulsivity*, 11, 265-285.